## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APP			
OMB Number:	32	35-00	76
Expires:			
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hours per respon	se	16	00

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	Washington, D.C. 20549	Exp	ires:					
PROCESCED	PROCESCED  FORM D  NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR							
<b>BHILLY</b>	NOTICE OF SALE OF SECURITIE	s 🗀	SEC USE ONLY					
APR O 3 ZUGO	PURSUANT TO REGULATION D,		refix Serial					
MOMOUN	SECTION 4(6), AND/OR		DATE RECEIVED					
APR 0 3 2000 THOMOUN FINANCIAL	UNIFORM LIMITED OFFERING EXEM	PTION L						
Name of Offering ( check if this	is an amendment and name has changed, and indicate change.)							
Headlands LP								
Filing Under (Check box(es) that apply Type of Filing: New Filing		D OFFOR	Pagging CTC					
			Received SEC					
	A. BASIC IDENTIFICATION DATA							
1. Enter the information requested a	bout the issuer		MAR 2 5 2008					
	in amendment and name has changed, and indicate change.)	1.						
Headlands LP			Washington, DC 2054					
Address of Executive Offices	(Number and Street, City, State, Zip Code) 285, Corte Madera, California 94925	Telephone Non 415-924-1600	nber (Including Area Code)					
Address of Principal Business Operation			mber (Including Area Code)					
(if different from Executive Offices)	(	, ,	, , , , , , , , , , , , , , , , , , ,					
Brief Description of Business								
Investing in commodity futures ar	ad options thereon.							
Type of Business Organization  Corporation	M timital an exception along to format M without	lease specify):						
business trust	I limited partnership, already formed other (p I limited partnership, to be formed	icase specify.	08041753					
Actual or Estimated Date of Incorporat Jurisdiction of Incorporation or Organi	Month Year  ion or Organization: 10 07 Actual Sisting in the state of							
GENERAL INSTRUCTIONS								
Federal: Who Must File: All issuers making an o 77d(6).	ffering of securities in refiance on an exemption under Regulation D	or Section 4(6), 17 (	CFR 230.501 et seq. or 15 U.S.C					
and Exchange Commission (SEC) on the	no later than 15 days after the first sale of securities in the offering be earlier of the date it is received by the SEC at the address given b ed by United States registered or certified mail to that address.	A notice is deem low or, if received	ed filed with the U.S. Securities at that address after the date on					
Where To File: U.S. Securities and Ex	change Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.						
Comes Required: Five (5) copies of the photocopies of the manually signed on	is notice must be filed with the SEC, one of which must be manuall by or bear typed or printed signatures.	y signed. Any cop	ies not manually signed must be					
Information Required: A new filing m thereto, the information requested in Pa not be filed with the SEC.	ust contain all information requested. Amendments need only report C, and any material changes from the information previously supplement.	rt the name of the i ied in Parts A and I	issuer and offering, any changes B. Part I: and the Appendix need					
Filing Fee: There is no federal filing	fcc.							
State:								
ULOE and that have adopted this formare to be, or have been made. If a sta	chance on the Uniform Limited Offering Exemption (ULOE) for some listers relying on ULOE must file a separate notice with the Some requires the payment of a fee as a precondition to the claim found the filed in the appropriate states in accordance with state law.	ccurities Adminis r the exemption, a	trator in each state where sales fee in the proper amount shall					
	— ATTENTION —		<del></del>					
	propriate states will not result in a loss of the federal ex not result in a loss of an available state exemption unle							

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Marin Global Management LLC Business or Residence Address (Number and Street, City, State, Zip Code) 21 Tamal Vista Boulevard, Suite 285, Corte Madera, California 94925 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Cadwell, Peter Business or Residence Address (Number and Street, City, State, Zip Code) 21 Tamal Vista Boulevard, Suite 285, Corte Madera, California 94925 Check Box(es) that Apply: ✓ Promoter Beneficial Owner [7] Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Kurnik, Jason Business or Residence Address (Number and Street, City, State, Zip Code) 21 Tamal Vista Boulevard, Suite 285, Corte Madera, California 94925 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

		~~~~~			В. 1	VFORMAT	ION ABOU	T OFFERI	NG				
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1.	rias inc	issuer sol	d, or does t							-		E	×
2.	Whatie	the minin	um invocto			Appendix		_				s 100	0,000.00
۷.	What is the minimum investment that will be accepted from any individual?								***************************************	Yes	No		
3.	Does th	e offering	permit join	ı ownershi	ip of a sing	le unit?	•••••		•••••			K	
4.	commis  If a pers  or states  a broke	sion or sim on to be lis s, list the m r or dealer	itar remune sted is an as ame of the b , you may s	ration for s sociated po proker or de set forth the	solicitation erson or ago calor. If mo	of purchase ent of a brok erc than five	ers in conne er or deale e (5) persoi	ection with r registered as to be list	sales of seal with the S ed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such		
			first, it ind e been em										
		<del>-</del>	Address ()		d Street. C	ity, State, 2	in Code)	·			······································	<del></del>	
Na	me of As:	sociated B	roker or De	aler									
Sia	tes in Wl	ich Persor	Listed Ba	s Solicited	or Intends	to Solicit	Purchasers	<b></b>		· · · · · · · · · · · · · · · · · · ·	······································		
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Ful	ll Name (	Last name	first, if ind	ividual)	- <del> </del>			······································		* ************************************			
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)	··					
Nai	me of Ass	sociated B	roker or De	aler	<del> </del>						<del></del>		
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	ta Solicit l	Purchasers		W-PM 1-M-14-M-11-M-11-M-11-M-11-M-11-M-11-M				
	(Check	"All State:	s" or check	individual	l States)	*************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		••••••••	*************	[] VI	1 States
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Bus	siness or	Residence	: Address ()	Number an	id Street, C	ity, State.	Zip Code)				·····	·	
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Sta	tes in Wi	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	2	Amount Afready Sold
	Debt	S		\$
	Equity		_	
	Common Preferred	ACRES INC.	•	
	Convertible Securities (including warrants)	<b>.</b>		\$
	Partnership Interests			
				\$ 500,000.00
	Other (Specify)	500,000.00		\$ 500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	·		T
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	1		\$ 500,000.00
	Non-accredited Investors	0	_	\$_0.00
	Total (for filings under Rule 504 only)	1		\$ 500,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Role 504		_	\$
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	***********		\$
	Legal Fees			\$ 10,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)	******************************	$\Box$	\$
	Other Expenses (identify) state filing fees		<u></u> ✓	\$ 2,000.00
	Total		 Ø	\$ 12,000.00
			-	_

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$_488,000.00
<b>5</b> .	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part	ry purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate	-	] \$	
	Purchase, rental or leasing and installation of mad and equipment	chinery [	]\$	s
	Construction or lensing of plant buildings and fac	ilities[	] <b>\$</b>	s
	Acquisition of other businesses (including the val	ets or securities of another	7.6	C-1 t
	issuer pursuant to a merger)	-		<del></del>
	Repayment of indebtedness	<del>-</del>		<del></del>
	Working capital Capital for investing in commo	dity futures and notions thereon		
	Other (specify): Capital for investing in common		] \$	<b>\$</b> 463,240.00
			]\$	<b>\$</b>
	Column Totals		g § 9,760.00	\$ 478,240.00
	Total Payments Listed (column totals added)		<b>Z</b> \$_48	88,000.00
		D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commiss	sian, npon writte	
ssı	er (Print or Type)	Signature 1.	Date	
He	adlands LP	1 Jun	3/14/2	
ไลเ	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u></u>	
el	er Cadwell .	Member of Marin Global Management LLC, G	eneral Partner	
			<del></del>	

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⊠</b>					
	See Appendix. Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furn	ished by the					
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.							
The issu	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha	II by the	undersigned					

duly authorized person.

Issuer (Print or Type)

Headlands LP

Name (Print or Type)

Peter Cadwell

Signature

Signature

A (n/cs)

Title (Print or Type)

Member of Marin Global Management LLC, General Partner

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor:	2 to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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				APP	ENDIX				
1	Intend to self to non-accredited investors in State (Part B-Item 1)		Type of security to sell and aggregate credited offering price in State offered in state		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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				APP	ENDIX				
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	to non-a	Intend to sell and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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